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EDITORIALS

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The case for ambulance service fees

A court clears the way for a vote in Montgomery County.

ARYLAND'S HIGHEST court has given voters in Montgomery County the right to decide whether a fee should be charged for ambulance service. Common sense informed the judges' decision; we hope that common sense also leads voters to approve ambulance fees, as localities in the Washington area and nationwide have done.

Organizers of the signature drive to put the issue to a vote are opposed to the county law requiring the fees and hope to have it overturned in a referendum Nov. 2. The organizers were right to press the Maryland Court of Appeals to accept thousands of signatures that had been rejected, absurdly, by election officials and a lower-court judge as insufficiently legible (although the names were also printed) or because they lacked middle initials. But the organizers are wrong that the fees are bad public policy. Free ambulance service would be nice, but localities cannot provide free services for every governmental function, no matter how socially important.

And here's the key: Montgomery County residents will see no difference when they call for an ambulance. Insurance companies would cover most of the cost (in the case of those with policies) and the county would pick up the rest, including any co-pays, deductibles and charges for uninsured residents. Neither insured nor uninsured county residents would receive a bill.

Insured non-residents who call 911 — those who work but don't live in the county, for instance — might face copays or deductibles from their insurance company, depending on their coverage. The only group billed directly would be uninsured non-residents, and their bills would include application forms permitting people with modest incomes — up to three times the federal poverty level — to waive the fee.

So for the vast majority of people who need emergency

ambulance service, there would be no burden, no charge and no change from the status quo; for the rest, the burden would be relatively slight. What would change, however, is that the county would be reimbursed for most of the cost of the service it provides, which ranges from \$300 to \$800 per ambulance run.

That would net about \$13 million annually for the county, earmarked for emergency services and paid mainly by insurance companies — a modest but not insignificant sum. Nor are insurance companies likely to raise rates in response to an ambulance fee, since most insurance rates are set regionally. County residents are, in effect, already paying for the service in their insurance premiums.

Opponents argue mainly that a fee — even if most people won't pay it themselves — will give some people pause about calling 911 or allowing an ambulance to transport them to a hospital, even if they should. Since Fairfax County started charging a fee in 2005, the rate of calls to 911 there has fallen slightly.

However, most area jurisdictions, including Fairfax, Arlington and Prince George's counties as well as the District, adopted fees some time ago, without statistically dramatic effects. A large majority of localities nationally also charge, and there is no proof that emergency medical treatment has suffered as a result. We'd hope that if a fee is adopted in Montgomery, it would be accompanied by a public outreach campaign explaining its limited impact.

The court's decision to put the question before voters is likely to trigger a brief, bitter and polemical fight in the month or so that remains before the referendum. Voters should look beyond the dire warnings and dark predictions. Common sense supports the idea that ambulance fees would be harmless to the vast majority of people in Montgomery and provide a measure of relief to the county's badly strained budget.

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